

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No.
10716264
Filing Date
11-18-03

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|----------------|----------|------------|------------------------|------------|------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
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| 4 | 1 | | | | | |
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| TOTAL IND. | 6 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 18 | ← | | ← | | ← |
| TOTAL CLAMS | 24 | [REDACTED] | | [REDACTED] | | [REDACTED] |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAMS | | [REDACTED] | | [REDACTED] | | [REDACTED] |

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